

**UNIVERSITY OF SOUTH ALABAMA  
PART-TIME SKILLS LAB TEACHING ASSISTANT APPOINTMENT FORM\***

**Instructor Name:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_

**College:** \_\_\_\_\_ **Department:** \_\_\_\_\_ **Effective Term:** \_\_\_\_\_

**Proposed courses to teach: (list specific courses)** \_\_\_\_\_ Undergraduate:  Graduate:\*

*\*If proposed courses are graduate, a graduate appointment is required. Contact 460- 6310 for specific requirements.*

<b>List Course(s) Faculty Member Approved to Teach: (attach additional sheets, if needed)</b>				

**Institution(s) of Higher Education Attended:**

Name of Institution	Type of Degree (ex. BS/MS/ PhD)	YEAR Awarded	MAJOR

**Postdoctoral Training:** \_\_\_\_\_

**Professional Certification(s)/ License(s):** \_\_\_\_\_

**Is Exception form needed?** Yes  No

*If yes, the exception for teaching undergraduate and/ or graduate courses form and a Faculty Qualifications Portfolio must accompany this request. See Faculty Qualifications Portfolio Guide on the Academic Affairs website ([http:// www.southalabama.edu/academicaffairs/ forms.html](http://www.southalabama.edu/academicaffairs/forms.html))*

**APPROVALS**

\_\_\_\_\_  
**Chair** (includes certifying English Language Proficiency) **Date**

\_\_\_\_\_  
**Sr. Vice Provost** **Date**

\_\_\_\_\_  
**Dean** (includes certifying English Language Proficiency) **Date**

\_\_\_\_\_  
**Provost & SVPAA** **Date**

Academic Affairs Use Only	
<b>J#</b>	<b>Date Received</b>
Distribution of Part-Time Faculty Appointment Form: Original: Dean's Office Personnel File 1 Copy: Departmental Personnel File 1 Copy: Academic Affairs File	

- \*Attach Complete File:
- Original Transcripts (cannot be issued to student)
  - Letter of Recommendation from Departmental Chair, including Approval Signature of Dean
  - Two Signed Original Letters of Recommendation from External Referees
  - Biographical Data Form
  - Curriculum Vita
  - USA Faculty Consent Form (Background Investigation)